

Name in Full

Certificate of Death

Ulna Chew

Town

County

Died at

Dorsey P.O.

Howard

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 24

Age

-

-

6

Md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Wm Chew

Mother's

Maiden Name

Catherine Parker

Cause of

Primary

Unknown

Death

Immediate

Convulsions

How long sick

6 or 8 hours

~~Accident, Suicide, Homicide~~

Reported by

Wm. R. Eareckson

Address

Eck Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

Edward R. Surace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Savage		County Howard		MARYLAND	
Date of death 190		3	Month 9	Day 12	Age Years	2	Months 14
Sex male		Color or Race white		Birth- place Md			
Married, Single or Widowed		single		Occupation Infant			
Name of Wife or Husband							
Father's Name		John Surace		105		Father's Birthplace Md	
Mother's Maiden Name		William Portin				Mother's Birthplace Md	
Name of person giving information		John Surace				How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	2 days
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. H. Williams
		Address	Savage Md
Accident or Suicide?	no		



Name in Full		Margaret Gairin				CERTIFICATE OF DEATH		
		Town Savage		County Howard		MARYLAND		
TO BE ANSWERED BY NEAREST FRIEND		Died at						
		Date of death 1903		Month 9	Day 8	Age 54	Months 4	Days
		Sex female		Color or Race white		Birth-place Md		
		Married, Single or Widowed Single		Occupation Housekeeper				
		Name of Wife or Husband						
		Father's Name Rezin Gairin		Father's Birthplace Md				
		Mother's Maiden Name Sarah R. Caddle		Mother's Birthplace Md				
		Name of person giving information Auntie Hasler		How related to deceased Sister				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Pulmonary Tuberculosis				How long 1 year		
		Immediate Exhaustion				How long 3 months		
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician W. H. Williams M.D.		
						Address Savage Md		
		Accident or Suicide? homicide						



Name
in
Full

CERTIFICATE OF DEATH

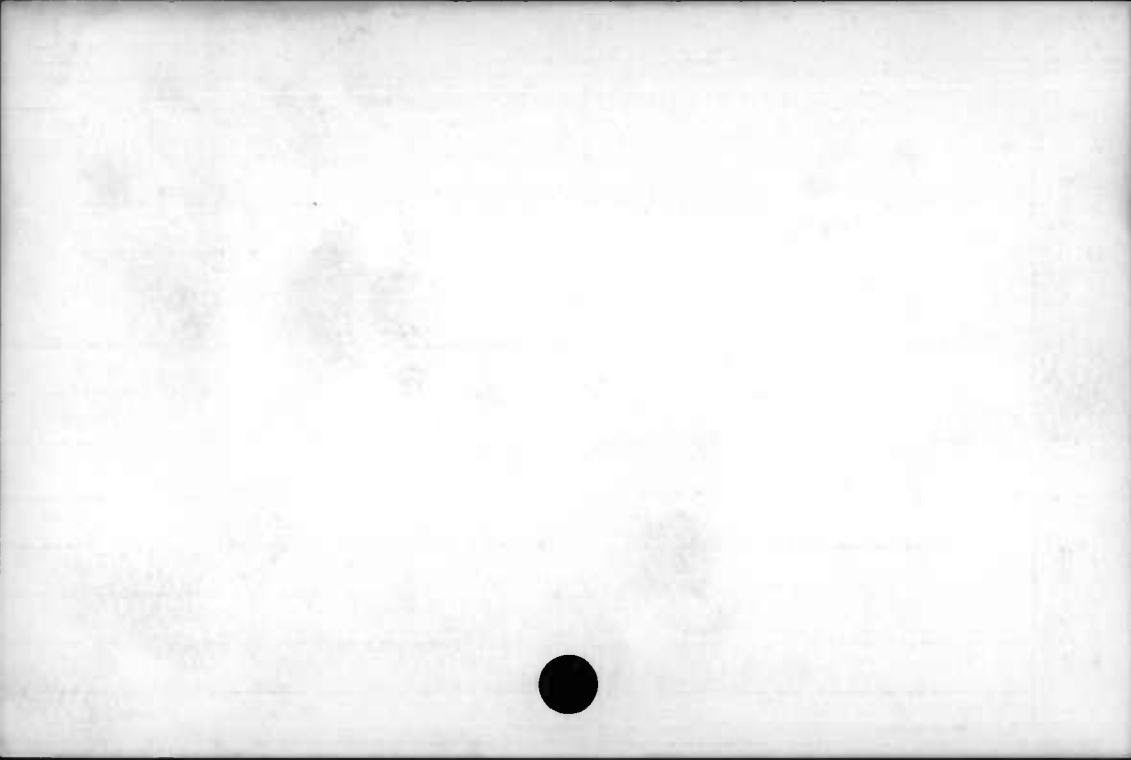
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Harriet Green</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Ellicott City</i>		Date of death 190 <i>3</i>		Month <i>Sept</i>		Day <i>13</i>	
Age <i>16</i>		Years <i>16</i>		Months <i>1</i>		Days <i>1</i>	
Sex <i>female</i>		Color or Race <i>colored</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>School girl</i>					
Name of Wife or Husband <i>Daniel Green</i>							
Father's Name <i>Daniel Green</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Myria Nelson</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Daniel Green</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>		How long <i>1 year</i>	
Immediate <i>yes</i>		How long <i>1 year</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Milton Easton</i>	
		Address <i>Funeral Director Ellicott City</i>	
Accident or Suicide?			



Patrick R. Hanigan

Town

County

Died at

MARYLAND

Date

1903

Month

Sept

Day

25

Y.

25

M.

6

D.

8

Native of

Md

Occupation

farmer

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

Wife

Father's

Name

James Hanigan

Mother's

Name

Bridget Hanigan

Cause of

Primary

Pulmonary Tuberculosis

How long sick

1 yr

Death

Immediate

systemic exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Ben. F. alpha

Shipley

M D

Address

alpha

Howard Co

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

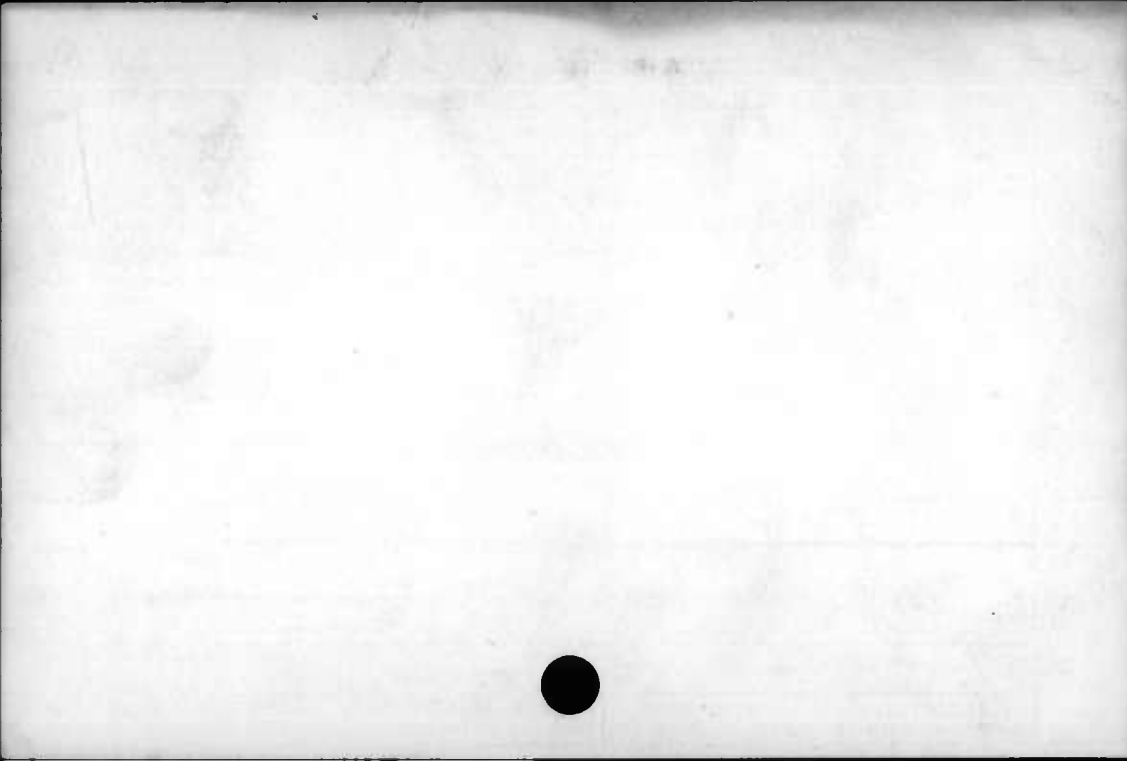
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Daugharegan</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death 1903	<i>Sept</i> ^{Month}	<i>12</i> ^{Day}	Age <i>93</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Ireland</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>house keeper</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Margaret Brosennr</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old age</i>	How long	<i>six months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Milton Easton</i>	
		Address <i>Ellicott City, Md.</i>	
Accident or Suicide?			



Name
in
Full

Ester M Massey

CERTIFICATE OF DEATH

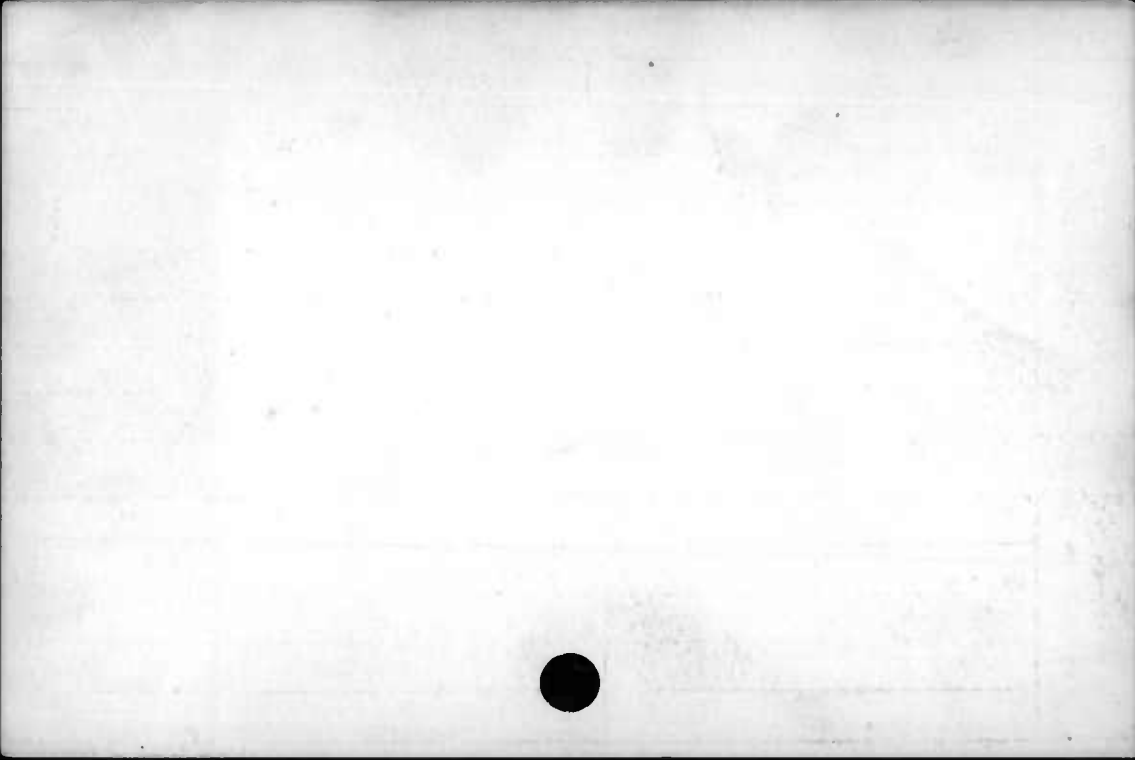
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hancock</i>		County <i>Honolulu</i>		MARYLAND	
Date of death 1903	Month <i>9</i>	Day <i>1</i>	Age	Years	Months <i>10</i> Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Satter Massey</i>			Father's Birthplace <i>105</i>		
Mother's Maiden Name <i>Sallie Massey</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Joseph Massey</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infusantion</i>	How long	<i>12 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr H Tongue</i>	
		Address <i>Elkridge</i>	
Accident or Suicide?		<i>MD</i>	



Name in Full

Certificate of Death

Mrs. Ella Moleworth
 Died at *Poplar Springs* *Howard* *MARYLAND*
 Town County
 Date 19 *03* *Apr* *20* X. M. D. Age *Maryland* *House Wife*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *None*

Husband of *Geo. W. Moleworth*
 Wife
 Father's Name Mother's Name
 Maiden Name *2*

Cause of { Primary *Pulmonary Tuberculosis* How long sick *Two Years*
 Death { Immediate *asthenia* *Accident, Suicide, Homicide*

Reported by *L. E. Brownell M.D.*

Address *Mt. Airy - Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70693



Name
in
Full

Elizabeth Moore

CERTIFICATE OF DEATH

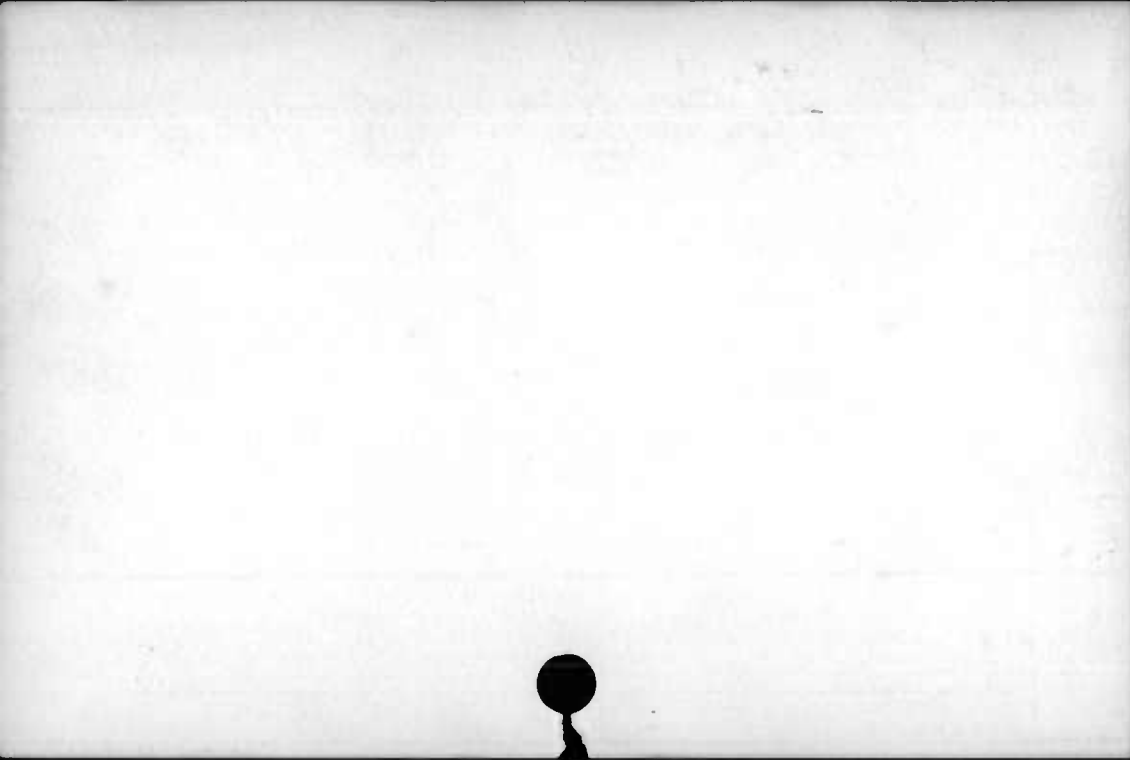
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fulton</i> Town		<i>Howard</i> County		MARYLAND	
Date of death 190 <i>3</i>	<i>Sept</i> Month	<i>4</i> Day	Age <i>5-2</i> Years	Months	Days
Sex <i>Female</i>	<i>Sept</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Housekeeper</i>			
Name of Wife or Husband					
Father's Name <i>Samuel M. Moore</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Nancy Smallwood</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Chas. Harding</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gen Multiple Neuritis</i>	How long <i>6 mos.</i>
Immediate <i>Asthmia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. L. Giville</i>
	Address <i>Highland Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

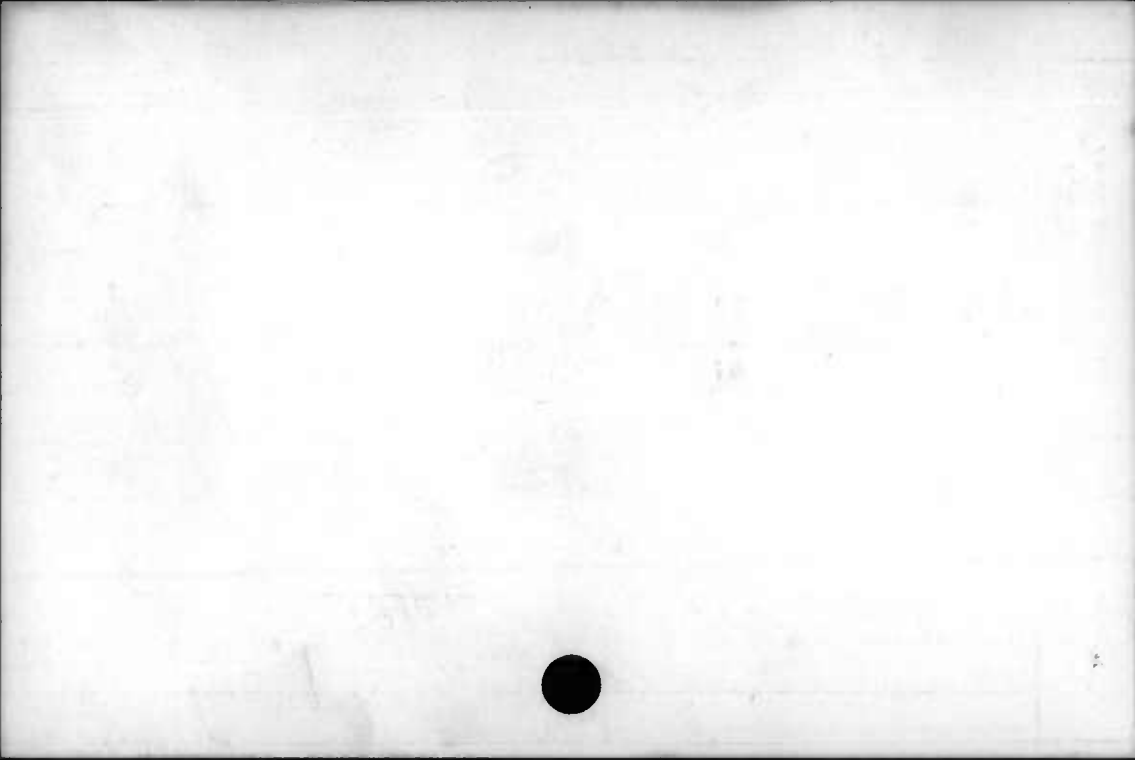
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Lizzie Nelson		Town Columbia		County Howard		MARYLAND	
Died at Columbia		Month Sept		Day 2		Years 1	
Date of death 1903		Month Sept		Day 2		Months 7	
Sex female		Color or Race colored		Birth-place Maryland		Days	
Married, Single or Widowed —		Occupation —		—		—	
Name of Wife or Husband —		—		—		—	
Father's Name Isaac Nelson		90.		Father's Birthplace Maryland		Mother's Birthplace "	
Mother's Maiden Name Harriet Nelson		—		How related to deceased none		—	
Name of person giving information Frank Nelson		—		—		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heavy cold		How long 1 week	
Immediate —		How long —	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Milton Easton Understaf	
—		Address Ellicott City	
Accident or Suicide?		—	



Name
in
Full

Carroll Marcellus Owen

CERTIFICATE OF DEATH

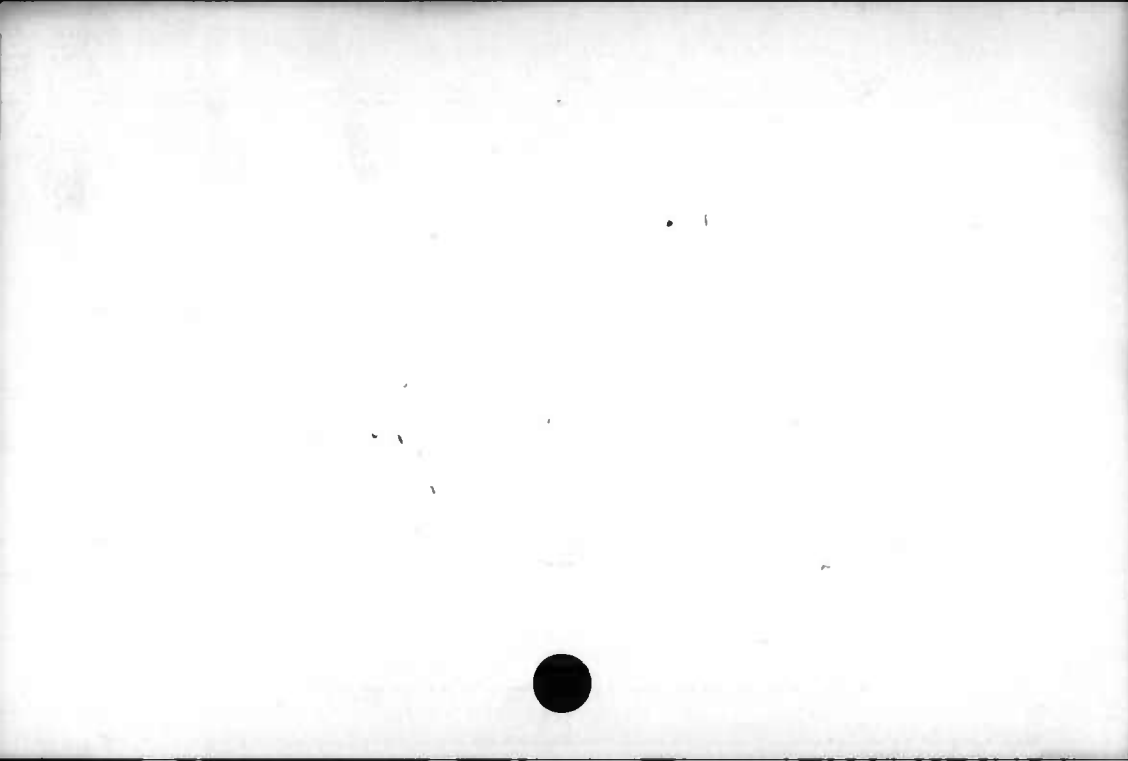
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Savage</i>		County <i>Howard</i>		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	<i>3</i>	<i>9</i>	<i>9</i>	<i>1</i>	<i>3</i>	<i>2</i>	<i>2</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Md</i>
Married, Single or Widowed	<i>Single</i>		Occupation	<i>Infant</i>			
Name of Wife or Husband <i>—</i>							
Father's Name	<i>Marcellus F. Owen</i>				Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Sora Owen</i>				Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>Marcellus F. Owen</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Indigestion</i>	How long	<i>11 days</i>
Immediate	<i>Congestion of Brain</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. L. Litchman M.D.</i>	
<i>Yes</i>		Address <i>Savage</i>	
Accident or Suicide? <i>Within</i>		<i>Md</i>	



Name in Full

Certificate of Death

Arbor Ferdinand Ridgley

Town

County

MARYLAND

Died at

Glenview - Howard -

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903 - Sept. 14

Age

21

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

S. Ridgley

Mother's

Maiden Name

Florence B. Day -

Cause of

Primary

Asphyxiated -

How long sick

Sudden

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. W. Smith, Jr.

Address

West. Friend Ship -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gottfried Riis

Died at

Town Guilford

County

Howard

MARYLAND

Date 1903

Month 9 Day 3

Age 52.8.19

Native of

Germany

Occupation

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~Single~~Widower~~

Number of children living

11

Husband

of

Augusta Karbach

Wife

Father's

Name

Michael Riis

Mother's

Name

Charlotta Riis

Cause of

Primary

Nephritis

How long sick

3 months

Death

Immediate

Cerebral congestion

~~Accident Suicide Homicide~~

Reported by

W. H. Hutchinson M.D.

Address

Savage

W.H.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1903



Name
in
Full

Mrs Thos Silance

CERTIFICATE OF DEATH

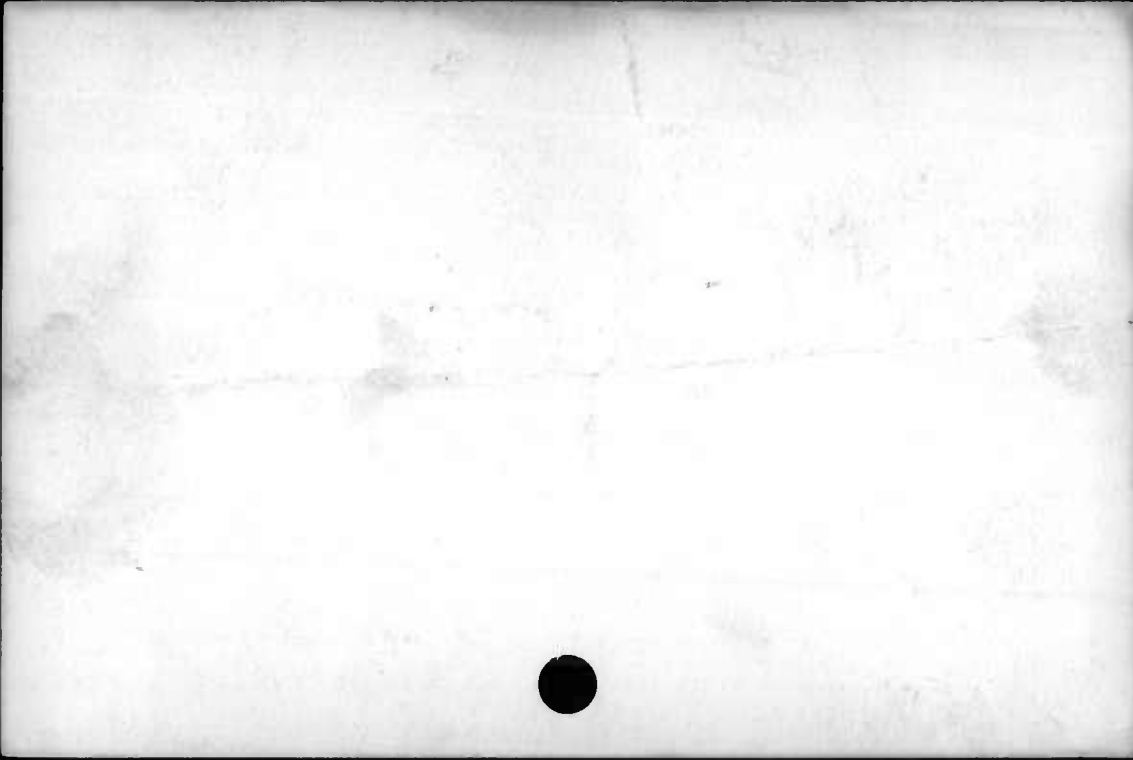
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Daisy</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>9</i> <small>Month</small>	<i>21</i> <small>Day</small>	Age <i>54</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>✓</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grip</i>	How long <i>one week</i>
Immediate <i>Asphyxiation of heart</i>	How long <i>8 Days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Marshall</i>
	Address <i>121st St. Bronx N.Y.</i>
Accident or Suicide?	



Name
in
Full

Samuel Stuart

CERTIFICATE OF DEATH

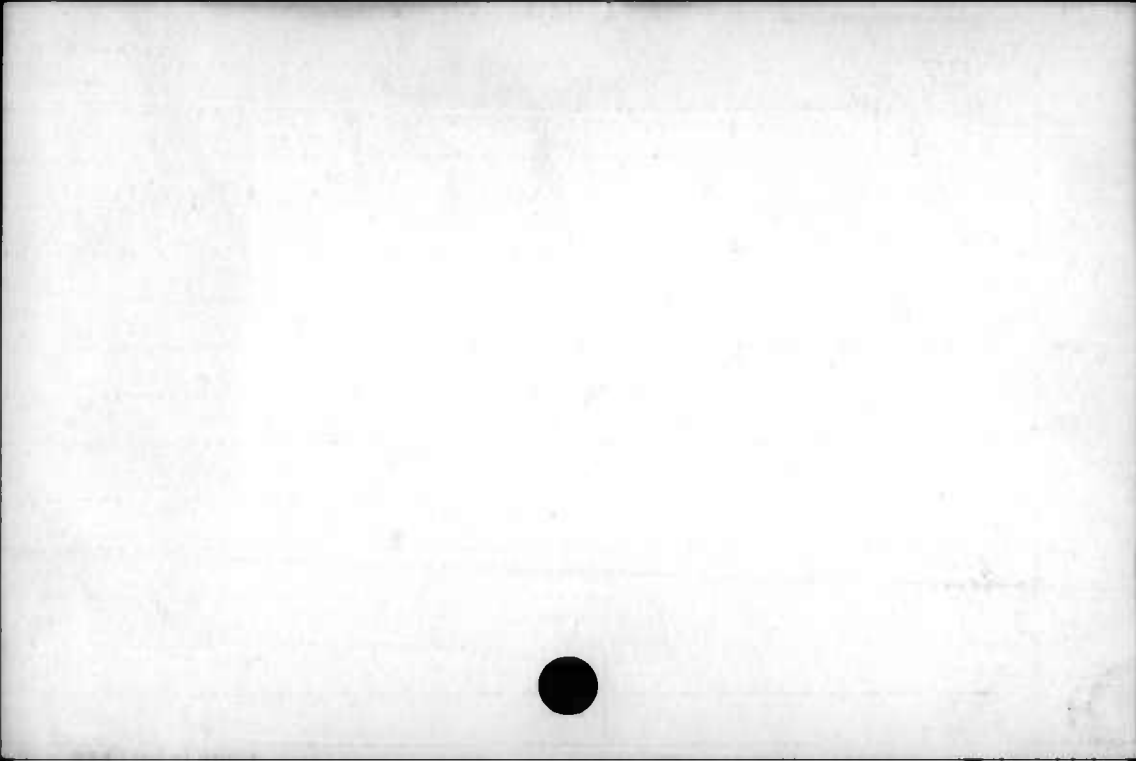
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkridge</i> ^{Town}		<i>Harvard</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>9</i>	Day <i>30</i>	Age <i>70</i>	Months <i>+</i>	Days <i>+</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Teacher</i>		
Name of Wife or Husband <i>Josephine Stewart</i>					
Father's Name <i>X</i>			Father's Birthplace <i>66'</i>		
Mother's Maiden Name <i>+</i>			Mother's Birthplace <i>66'</i>		
Name of person giving in formation <i>Josephine Stewart</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 days</i>
Immediate <i>X</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>as in</i>	Signature of Physician <i>Harrison Tongue</i>
	Address <i>Elkridge</i> <i>Md</i>
Accident or Suicide?	



Name
in
Full

Robert Ellsworth Thompson

CERTIFICATE OF DEATH

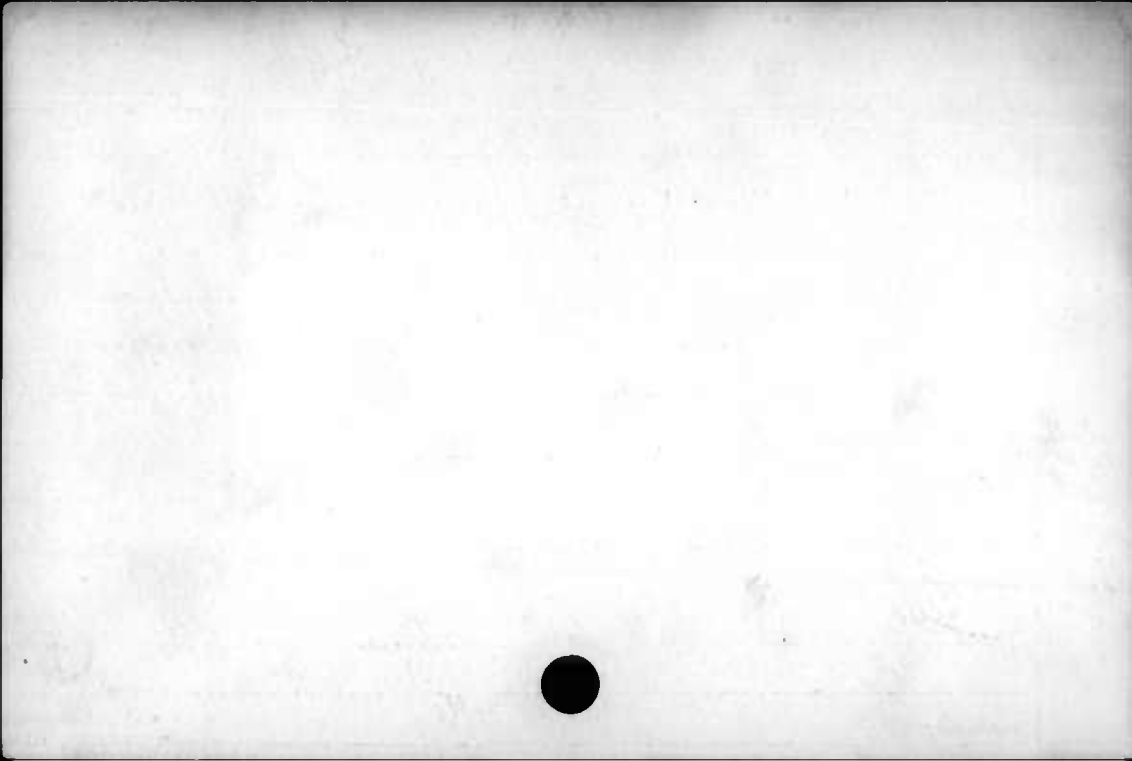
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dayton</u> Town		<u>Honack</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>9</u>	Day <u>18</u>	Age <u>1</u> Years	Months	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Dayton</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>105</u>			
Name of Wife or Husband					
Father's Name <u>Arthur Thompson</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Kate Henningsford</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Arthur Thompson</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>18 hours</u>
Immediate <u>Coma</u>	How long <u>10 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. D. Eichel</u>
	Address <u>Hopland St</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Leth Hamilton Warfield

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

1913 Sept 25

Age 86 - 8

Married Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Eveline Shipley

Fether's

Name

Leth Warfield

Mother's

Maiden Name

Beckie Shipley

Cause of

Primary

Heart failure

How long sick

Sudden

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. W. H. S. S. S.

Address

West Friendship

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

Jeremiah Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Shaperville* Town *Howard* County

State *MARYLAND*

Date of death 1903 *Sept.* Month *30* Day Age *24* Years Months Days

Sex *Male* Color or Race *Negro.* Birth-place *Maryland.*

Married, Single or Widowed *Married* Occupation *Laborer*

Name of Wife *Mary Williams* ~~Husband~~

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic cystitis* *12³* How long *about 4 years*

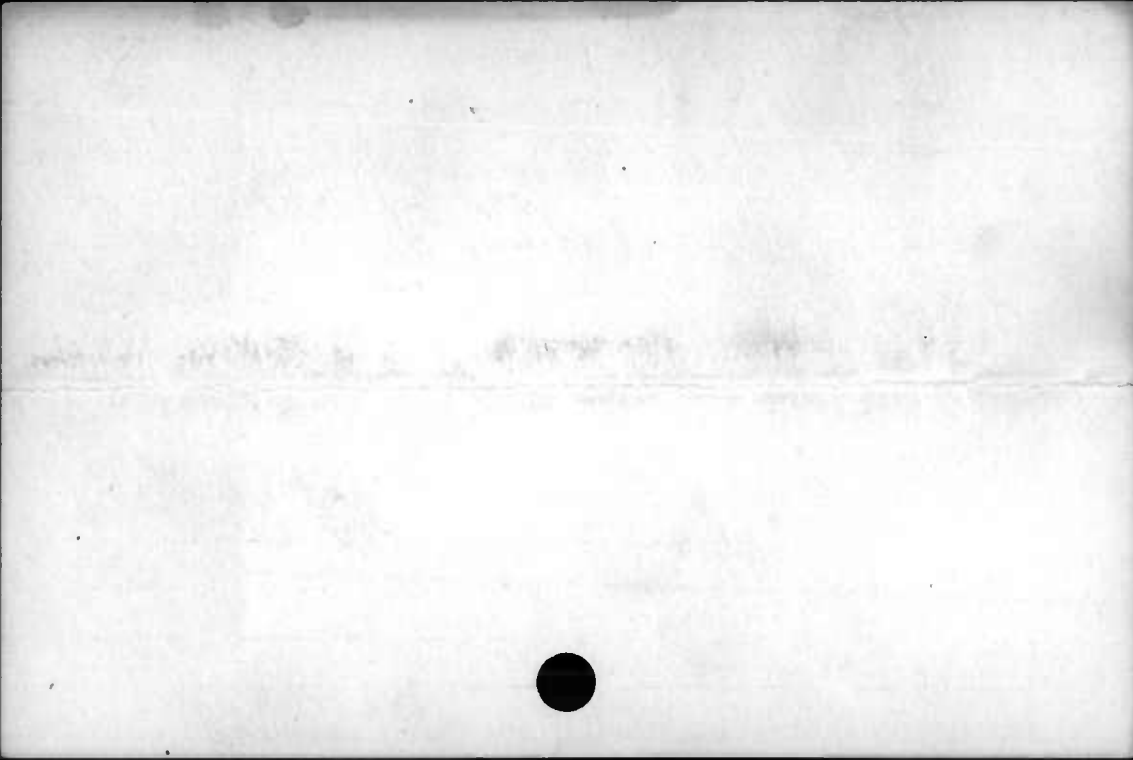
Immediate *Purulent cystitis and septicaemia* How long *6 days.*

Are the name, age, sex, color, date and place correctly given above? *?*

Signature of Physician *J. W. Lacy.*

Address *Richmond*

Accident or Suicide? *Yes* *Ind.*



Name in Full

Certificate of Death

Died at

Date

~~Male~~~~Husband~~

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Widower

Number of children living

of

Name

Mother's

Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

